

INSTRUCTIONS FOR COMPLETING
STATE OF WASHINGTON
VEHICLE COLLISION REPORT

① UNFOLD HERE 

The operator or owner of any vehicle involved in a collision within this state in which any person is injured, including one's self, or in which any person's property sustains damages in the amount of \$700.00 or more is required to complete this collision report form. **Mail this report to the [Washington State Patrol, Records Section, P.O. Box 42628, Olympia, WA 98504-2628](#).**

GENERAL INSTRUCTIONS

This Vehicle Collision Report is designed to use computer technology to read and record your printed responses. To ensure accuracy, please follow these instructions when completing the report.

When the information requested is not available or not applicable, leave that portion of the form blank.

Print in block capital letters using a black ball-point pen with a medium tip; do not use a pencil or felt-tip pen. Please follow the examples below:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	1	2	3	4	5	6	7	8	9	0
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Note: sevens and zeros should not be crossed

Items requiring a box to be marked should be filled in as follows: OR

If the collision was investigated by a law enforcement officer:

- A seven digit Report Number should have been provided to you at the time of the collision by the investigating officer.
- This Report Number is pre-printed on the Police Traffic Collision Report.
- If you were not provided a Report Number, contact the investigating law enforcement agency.
- **The Report Number MUST be entered in the boxes provided in the upper right corner on all pages of the Vehicle Collision Report.**

If the collision was not investigated by a law enforcement officer, leave the Report Number blank.

SPECIFIC INSTRUCTIONS (Items which are self-explanatory are not listed)

COLLISION LOCATION

COLLISION OCCURRED ON: Mark one road category box. Examples are:

- Interstate - I-5, I-82, I-90, I-182, I-205, I-405 or I-705
- State Route - includes all state highways and US routes; for example, SR 20, Highway 99, US 395
- City Street - a street or road within an incorporated city, which is not in another road category
- County Road - a street or road outside an incorporated city, which is not in another road category
- Other - parks, campuses, forest service roads, military bases, park and ride lots, etc.
- Private Way - private roads, shopping malls, parking lots, driveways, etc.

PLACE WHERE COLLISION OCCURRED:

COUNTY: Print the name of the county in which the collision occurred. If uncertain, check with local law enforcement agency.

IF THE COLLISION OCCURRED INSIDE CITY LIMITS:

- leave miles and direction blank,
- mark the "IN" box,
- print name of city,
- print name of street or highway in the boxes following the word "ON"

IF THE COLLISION OCCURRED OUTSIDE CITY LIMITS:

- enter the number of miles and mark the direction from closest city,
- mark the "OF" box,
- print name of city,
- print name of street or highway in the boxes following the word "ON"

and

IF THE COLLISION OCCURRED AT AN INTERSECTION:

- print name of intersecting street or road in the boxes following the word "AT"

IF THE COLLISION DID NOT OCCUR AT AN INTERSECTION:

- print names of street or roads on either side of the collision in the boxes following the words "BETWEEN" & "AND",
- enter distance in feet and mark the direction from closest reference,
- print reference name in the boxes following the word "OF"

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② REMOVE INSTRUCTION
SHEET AT LEFT

DRIVER/VEHICLE INFORMATION

The person completing the report should use **UNIT 01** for their response, while UNIT 02 is the other party involved. A UNIT may be a motor vehicle, pedalcycle (bicycle, tricycle, unicycle), pedestrian (includes wheelchairs, skateboards and roller skates) or property owner incurring damage. Mark only one category box per UNIT. If the "PROPERTY OWNER" box is marked, enter the property owner's name and address, the name of the object struck and the estimated cost to repair.

If more than 2 UNITS are involved in the collision, use additional report form(s). Write the UNIT number(s) in the boxes adjacent to UNIT 01 and UNIT 02 on the additional form(s). For example, if there were three units involved in the collision, enter "03" in the two boxes to the right of "UNIT 01" for the third unit.

ADDRESS: Mark the "NEW" box if this address is different from that on your driver's license.

DRIVER'S LICENSE NO.: If your driver's license number is longer than 12 characters, print the first 12 characters only.

WAS HELMET USED...: Mark the appropriate "YES" or "NO" box if the person was operating a motorcycle (includes motor scooters and mopeds), pedalcycle (includes bicycles, tricycles, and unicycles), or on a skateboard or roller skates.

INJURY CLASS: Mark one box only.

NATURE OF INJURIES: Describe injury; for example, bruised ribs, broken arm, etc.

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE. A commercial vehicle is described as:

- a single vehicle with a gross vehicle weight rating (GVWR) of more than 26,000 pounds; or
- a trailer with a GVWR of more than 10,000 pounds if the gross weight rating of the combined vehicle(s) is more than 26,000 pounds; or
- a vehicle designed to transport 16 or more persons (including the driver); or
- a school bus regardless of size; or
- any size vehicle which requires a placard for transporting hazardous materials.

TRAILER PLATE NO.: If applicable, enter the full license plate number for the trailer.

REGISTERED OWNER NAME and ADDRESS: If registered owner is same as driver, you need only write "SAME" in the space provided for registered owner.

REGISTERED OWNER DATE OF BIRTH: Enter if known.

INSURANCE CO. & POLICY NO.: Enter the specific insurance company that is underwriting liability coverage, not the insurance broker/agent. Note that the coverage is for liability insurance (which is mandatory in Washington State), not collision or comprehensive coverage. Enter the policy number. The name of the automobile insurance company and policy number may be found on the insurance card provided by the company.

OBJECT STRUCK: Does not include vehicles involved in the collision.

If there is not an identifiable property owner, for example deer, embankment, tree, etc., enter the name of object struck in the space provided on the report with your UNIT.

If there is an identifiable property owner, for example utility pole, guardrail, building, etc., mark the "PROPERTY OWNER" box for a UNIT other than yours. Enter the property owner's name and address, the name of the object struck and the estimated cost to repair.

INJURED PASSENGERS

Complete this section of the form only for those passengers who were injured in the collision. Be sure to identify in which UNIT the passengers were riding, for example 01, 02, etc. If more than two passengers were injured, use additional report form(s) to enter the information.

WAS HELMET USED...: Mark the appropriate "YES" or "NO" box if the person was a passenger on a motorcycle (includes motor scooters and mopeds) or pedalcycle (includes bicycles, tricycles, or bicycle trailers).

COLLISION DESCRIPTION

VEHICLE LEGALLY STANDING: Examples include: stopped at a stop sign, yield sign, traffic signal, stopped due to traffic backup or granting the right of way to another vehicle or pedestrian, etc.

TYPE OF ROAD: The word "BARRIER" refers to any protective device which separates opposing lanes of traffic. Examples of barriers include guardrails, concrete barriers, etc.

IF HAZARDOUS MATERIALS TRANSPORTED: Examples of hazardous materials include flammable liquids, corrosives, explosives, ammonia, chlorine, or radioactive substances.

